

2023

## **An Analysis of Client and Employee Satisfaction Surveys for a Public Organization**

Jennifer Davidna Derisse  
*Walden University*

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# Walden University

College of Health Sciences and Public Policy

This is to certify that the doctoral study by

Jennifer Derisse

has been found to be complete and satisfactory in all respects,  
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the review committee have been made.

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Walden University  
2023

Abstract

An Analysis of Client and Employee Satisfaction Surveys for a Public Organization

by

Jennifer Derisse

MA, Kean University, 2015

BS, Seton Hall University, 2008

Professional Administrative Study Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Public Administration

Walden University

August 2023

## Abstract

The need to analyze surveys to understand clients and improve services has been a focus of scholars. It is missing in literature the best methods to analyze surveys. Researchers have yet been able to establish the need of surveys in public organizations. The problem was that the Sunshine House (SH) needed to analyze surveys to understand clients and improve services. Surveys were analyzed to apply alignment, effectiveness, and action orientation. The purpose of this study was to analyze perceptions of clients and staff in surveys concerning the effectiveness of services. Research questions were the following: (a) employee satisfaction and employee perception of the effectiveness of the program and (b) client satisfaction and client perception of the effectiveness of the program. BHCC used surveys developed by Abaqis. Using the secondary data analysis method, data were collected from the surveys for 2 months and then analyzed. BHCC staff gave and collected surveys to clients and employees, receiving 91 surveys. This quantitative secondary research provided data analysis through descriptive statistics. The key findings included that (a) a high percentage (75.6%) of clients were satisfied with their activities participation, (b) most clients (84.4%) stated that staff involved them in making decisions about their treatment, (c) a high percentage (80.0%) of clients were happy with the overall organization services, (d) most of the residents (97.8%) used the side rails and most (73.9%) reported the capability to get out of bed independently, and finally, (e) most residents (78.3%) did not have a contracture. Potential implications for positive social change were clients were satisfied and lived independently.

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## Dedication

First, I would like to thank God for providing me guidance, wisdom, and strength through my academic career. I dedicate this study with love and admiration to my mother, Kettelyn Polchey Derisse, EdD, PhD; my father, David Derisse, DMD; and my sisters Debbie D. Roberts, DMD, and Megan P. Derisse, MA, EdS. Your love, support, encouragement, and positive attitude have motivated me each step of the way. You have taught me that there is nothing that I can't do without hard work, dedication, and determination. I hope and pray that this study makes a positive impact in all organizations to empower clients and employees by analyzing satisfaction surveys to improve their services.

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## Section 1: Introduction

### **Introduction**

This research addressed the issue of the staff in public organizations properly analyzing and using information obtained through internal surveys. The Sunshine House (SH) served as a focal point for analyzing and using existing client satisfaction surveys and employee satisfaction surveys to improve services for adults living with HIV/AIDS and employees working at SH to demonstrate the benefits of using surveys. I analyzed the surveys and provided a report with my recommendations to SH to show the benefit of using surveys to the organization's leaders for its programs and processes.

Surveys are a quantitative research method already used at SH, although not undergoing active review. Quantitative secondary research provided forms of data analysis through descriptive statistics that showed surveys are effective tools at SH, as they have been in other organizations. Implications for positive social change include when clients and employees receive beneficial services and foster positive relationships, it leads to positive attitudes and outlooks concerning client treatment and employee engagement. Moreover, clients can progress in their treatment, and employees can progress at work.

### **Client Organization Background**

The SH's need for the administrative study addressed the gap in knowledge regarding the responses of clients and employees to the satisfaction surveys at SH because the staff needed to analyze the surveys. SH needed an analysis of the surveys to obtain data about their organizational procedures. My analysis of SH surveys may

provide information to improve client and employee duties, services, satisfaction, and relationships.

The client agency for my professional administrative study was SH, located in New Jersey. SH's mission is to provide health care, informative-educational, and therapeutic services to individuals who have contracted HIV through drug use and to help clients transition into communities to live constructively (SH, 2018). New Jersey has one of the largest populations living with HIV/AIDS in the United States (SH, 2018). According to SH (2018), the HIV and AIDS epidemic has negatively affected New Jersey, and many affected people live in Essex, Hudson, Passaic, and Union counties served by SH.

The services provided to residents at SH treat individuals through medical and nursing services, social services, behavioral health services, and recreational and specialty services (SH, 2018). Clients receive therapeutic care and learn about substance use and HIV/AIDS in treatment. After completing treatment, clients transition into their respective homes and become productive members of society (SH, 2018). Clients receive social services including (a) family involvement and intervention; (b) serving as intermediaries to resources; (c) counseling; (d) setting up discharges, aftercare, and attire after completing treatment; and (e) government assistance. SH is the only specialized care facility in New Jersey for people with HIV/AIDS. SH staff provides tools to clients that assist them in transitioning into their communities (SH, 2018).

## **Definitions of Terms**

The research within this study involved terms that are distinct to the nonprofit sector and my study. The following terms and definitions provide coherence to comprehend the research.

*Abaqis*: The surveys were from Abaqis, a third-party quality management system, used to administer calculations at BHCC.

*Citizen surveys*: In the theory of public services efficiency, the citizen surveys are a useful instrument for assessing effectiveness in public services (Downe et al., 2010).

*Coding methods*: The coding techniques are effective in survey methodologies, for example for coding answering conduct and question-answer outcomes, to pinpoint difficulties with questions from the survey (Bais et al., 2019).

*Contractures*: A condition of fixed high resistance to passive stretch of a muscle.

*Interdependence model*: An interdependence model includes analyzing how government contracts and grants' receipt influences the ability and independence of individual nonprofits that provide services (Cheng & Yang, 2019).

*Memos*: The memos are the storehouse of opinions created and reported through influences with data (Tie et al., 2019).

## **Background of the Problem of the Client Organization**

SH administered a client satisfaction survey to its HIV/AIDS substance use clients and an employee satisfaction survey to its employees. The date of publication for the employee satisfaction survey was June 17, 2019, and July 12, 2019, for the client satisfaction survey. However, there needed to be more knowledge regarding the

responses of clients and employees to the satisfaction surveys at SH, as the surveys remained unanalyzed. The client organization desired an analysis of the surveys to obtain necessary information about their organizational procedures. My analysis of SH surveys may provide valuable data for improving client and employee duties, services, satisfaction, and relationships.

SH clients are individuals who contracted HIV through drug use. People unaware of their infection are responsible for almost half of sexual transmission in the United States, and insufficient testing is a reason that HIV occurrence in the United States has continued to be approximately 50,000 cases per annum since 2010 (Pan et al., 2017). Therefore, it is vital to use client satisfaction surveys to evaluate responses about medical services received after testing positive for HIV/AIDS. Substance users with intense craving symptoms are more likely to use drugs by intravenous injection than other routes because of the rapid effect and the higher bioavailability (the scope a substance or drug becomes obtainable to its biological destination; Wang & Maher, 2019). Therefore, substance users are at high risk of inducing an HIV infection. HIV risk behaviors of unprotected sex and intravenous injection further the spread of HIV (Wang & Maher, 2019).

### **Problem Statement**

The problem was that SH had unanalyzed existing client and staff satisfaction surveys that needed to be analyzed to better understand their clients and improve services. I created a survey that could better assess SH's client satisfaction. BHCC surveys inquired about assessing clients' satisfaction though there were no adjustments in



the facility proving that clinical staff was heeding the surveys. SH (2018) stated that the HIV and AIDS epidemic has negatively impacted New Jersey. New Jersey is one of the top 10 states with a population living with HIV/AIDS. Many people affected by HIV/AIDS live in Essex, Hudson, Passaic, and Union counties, all served by the SH. Therefore, analyzing all surveys can make SH more aware of clients' needs.

### **Purpose of the Study**

The purpose of this professional administrative study was to discover, quantify, and analyze the perceptions of clients and staff as found in previously unanalyzed surveys concerning the effectiveness of services for drug users with HIV/AIDS at SH. Out of this analysis, recommendations were made to the organization concerning improving its services.

By analyzing previous satisfaction surveys of clients and staff and reporting on the results, SH can apply these data to improve services for adults living with HIV/AIDS and the effectiveness of staff. My analysis included information from the surveys applied to the areas of (a) building and environment, (b) treatment, (c) sufficient staff to meet client needs, (d) catheter use, (e) pressure ulcers, (f) side rails, (g) contractures, and (h) falls and fractures. This study can reveal ways that surveys can address gaps at BHCC that align with client and employee perspectives and developmental levels and can assist BHCC in evaluating the gaps that align with perspectives and developmental levels.

### **Research Questions**

Research question (RQ)1: What are the employee satisfaction and employee perception of the program's effectiveness?

Research question (RQ) 2: What are the client satisfaction and client perception of the program's effectiveness?

### **Nature of the Administrative Study**

I used quantitative secondary research in the form of surveys to provide data analysis through descriptive statistics that showed if surveys were effective tools at SH, as they have been in other organizations that use them. The SH director provided me with client satisfaction and employee satisfaction surveys. The client satisfaction survey was mixed, with eight open-ended questions and the remaining closed-ended ones. The data I analyzed consisted of (a) cognitive status, (b) choices, (c) dignity, (d) activities, (e) building and environment, (f) participation in the care plan, (g) abuse, (h) interaction with others, (i) personal property, (j) pain, (k) activities of daily living, (l) assistance/urinary incontinence, (m) hydration, (n) sufficient staff, (o) dental, (p) privacy, (q) the exercise of rights, (r) personal funds, (s) food quality, and (t) satisfaction.

The employee satisfaction surveys had a mixed format, with a 5-point Likert-type scale for the closed-ended questions and an optional comment box. I analyzed the categories in the employee satisfaction surveys. The data I analyzed in the employee satisfaction survey consisted of (a) catheter use, (b) pressure ulcers, (c) side rails, (d) contractures, and (e) falls and fractures. I analyzed both the client and the employee satisfaction surveys using quantitative methods. The descriptive statistics produced were univariate descriptive tabulations and select cross-tabulations for the data gathered from the client and employee satisfaction surveys.

I examined the effectiveness of the program and the satisfaction of clients and employees by analyzing the clients' and employees' responses to the surveys. I prepared descriptive statistics through tables and a quantitative approach to data analysis to organize data from the client and employee surveys. I used a quantitative approach to organize the data in numerical form. A quantitative approach can be suitable for creating charts and tables of data (McLeod, 2019). The purpose of the surveys was to create reliable and valid data to analyze and report (see Showkat & Parveen, 2017). I reviewed and analyzed the unanalyzed surveys that contained questions from clients and employees about services received at SH. I used two constructs, comprehension and perspectives, to understand the client's experiences (see Beletsky et al., 2016). After I received approval from the Institutional Review Board (IRB), I examined unanalyzed surveys not previously used in research and advised and informed the director of better practices of the following terms for accurate assessments. I examined 45 client satisfaction surveys and 46 employee satisfaction surveys ( $N = 91$ ;  $n = 45$  client satisfaction surveys;  $n = 46$  employee satisfaction surveys).

### **Significance**

The key stakeholders of this research are funding agencies and government officials. Addressing the SH problem by assisting in providing required additional resources may impact funding agencies. For example, funding agencies can provide grants and loans to SH. Addressing the SH problem by knowing the lack of services and the strengths of SH based on an analysis of surveys might impact government officials.

For instance, government officials may be able to implement effective services for clients and employees based on the analysis of the surveys.

### **Significance to Practice**

This analysis may lead government officials to offer resources and funding to assist SH in providing more efficient organizational procedures. The interdependence model explains that the nonprofit sector depends on government funding to deliver services, particularly social and human services. The organization-based understanding of government–nonprofit relations focus on individual nonprofits rather than the public sector. This organization-based understanding of government–nonprofit relations approach originates in the interdependence model, which involves analyzing how government contracts and grants' receipt affects the capacity and autonomy of individual nonprofits that deliver services (Cheng & Yang, 2019). This study may contribute to the public administration field by showing the study's results across intersectional and nonintersectional fields. Showing the study's results can serve as an assessment measure that proves or disproves factors of an organization, especially in alignment with an organization's mission and public details.

### **Significance to Social Change**

A reason for social innovation by human service nonprofit organizations is to support broader social change or enhance influence for social service user groups. The people who push limits and have a positive point of view toward change possibly have more inclination to take part in a critical reflection of their efforts and find other solutions that have more significant influence (Shier et al., 2019). Thus, after secondary survey

research, potential implications for positive social change are that the staff in BHCC may provide services that will benefit people in areas that are imperative for their growth. Improved services (i.e., the services within the organization that will teach clients to meet their needs physically, financially, socially, emotionally, and spiritually) may assist the clients and employees in being productive members of society.

### **Summary**

This secondary research included the client-agency for my professional administrative study, SH, as a focal point for analyzing and using existing client satisfaction surveys and employee satisfaction surveys to improve services, demonstrating the benefits of using surveys. However, there needed to be more knowledge regarding the responses of clients and employees to the satisfaction surveys at SH because no one had previously analyzed the surveys. The problem was that SH needed to analyze existing client and staff satisfaction surveys to better understand their clients and improve services. SH conducted client and employee satisfaction surveys within 18 months but had no staff available to analyze those surveys. Thus, in this quantitative study, I analyzed secondary data of relationships among variables for SH and provide a recommendation memo to improve services to SH clients and employees.

I used quantitative secondary research in the form of surveys to provide data analysis through descriptive statistics that showed that surveys are effective tools at SH, as they have been in other organizations that use them. The key stakeholders were funding agencies and government officials, which are potentially impacted by addressing the SH problem. Thus, after I conducted secondary research on the surveys and provided

descriptive statistics, the staff in BHCC may provide services that can benefit people. In Section 2, I discuss the conceptual approach and background, which includes concepts, models, and theories, relevance to public organizations, organization background and context, the role of the student researcher, and a summary.

## Section 2: Conceptual Framework and Relevant Literature

### **Introduction**

The problem was that SH needed to analyze existing client and staff satisfaction surveys to better understand their clients and improve services. The practice-focused questions were as follows:

RQ1: What are the employee satisfaction and employee perception of the program's effectiveness?

RQ2: What are the client satisfaction and client perception of the program's effectiveness?

In this quantitative study, I analyzed secondary data of relationships among variables for SH and provide a recommendation memo to improve services to SH clients and employees. This section addresses (a) the conceptual framework, (b) key concepts comprising the framework, (c) relevance to the public and organizations, (d) the role of the student researcher, and (e) a summary.

### **Conceptual Framework**

I provided key concepts that comprise the study's conceptual framework in this section. The key concepts can assist in providing effective services to clients and employees at SH. I also discuss the product deliverable provided to the client organization.

### **Deliverable to the Client Organization**

The deliverable to the client is a recommendation memo using descriptive statistics in the form of figures created from the secondary research of client and

employee surveys, along with my descriptive statistics for organizational improvement. I present information using survey responses and comments and present the findings to the client using data tables. I used the client satisfaction survey, the employee satisfaction survey, and the tables to portray the comparative responses from clients and employees.

According to Tie et al. (2019), memos are the storehouse of thoughts produced and reported through interactions with data. Memos are reflective interpretive compositions that build an audit that records individuals' thoughts, events, and views in a research process. Memos contain a researcher's views, feelings, and instinctive reflections. A memo is the proposed deliverable toward implementing adjustments to measure descriptive statistics. For example, I recorded my thoughts on my client and employee satisfaction survey analysis. I also identified strengths and areas of improvement of services to clients and employees from the surveys and recorded the data in the memo. I recorded my reflections on the clients' and the employees' satisfaction and the clients' and the employees' perception of services. For example, I evaluated the survey categories and analyzed how the clients and the employees answered the questions. I analyzed common themes in the clients' and employees' responses to the surveys.

### **Key Concepts Comprising the Framework**

In this section, I present the conceptual framework of my research. The key concepts are the importance of surveys in assessing and enhancing organizational services and procedures, understanding interventions with specialized clients, and survey



measurement of client and employee engagement. These concepts encompass organizational procedures at the client organization.

### ***The Importance of Surveys***

The following section reviews research concerning the importance of surveys relative to assessing and enhancing organizational services and procedures.

**Use of Surveys to Assess and Enhance Organizational Services.** A quantitative research method, such as a survey, may assist the leaders in organizations in discovering additional organizational options to organize. In the case of SH, analyzing the surveys may uncover better practices to implement for people living with HIV/AIDS and employees. Parcesepe et al. (2018) found that combining services to examine and handle mental health and substance use disorders in HIV care environments can enhance mental health and HIV treatment results for people who have contracted HIV/AIDS in low- and middle-income countries. This research related to my analysis of surveys as a practical assessment that improves substance abuse treatment and mental health services to treat HIV/AIDS clients.

Aletraris and Roman's (2015) longitudinal analysis indicated that most treatment programs reported supplying educational and preventative services, but there has been a reduction in the number of programs supplying these services. The findings included a recommendation that admission to hospitals and receiving medical care services were productive ways to ease the adoption of HIV services. The authors indicated a level of importance concerning the need to use surveys in treatment programs to supply services to patients with a risk of HIV transmission. Less than one-third of programs supplied

onsite testing, and less than one-third of their patients received testing, which may be increasingly problematic concerning federal rules.

My analysis of client satisfaction surveys for SH to provide services for adults living with HIV/AIDS related to Aletraris and Roman's (2015) research. The surveys evaluated HIV/AIDS drug users' services in SH for the clients in SH to practice preventive methods concerning HIV. This analysis indicated that surveys might benefit SH and other organizations. Surveys can measure the evaluation of an organization's educational services to HIV/AIDS drug users. If the educational services provided to HIV/AIDS drug users lack, survey results show a need to make necessary adjustments.

Frimpong et al. (2016) reported that there needs to be a detection of HIV infection, counseling, and connecting infected people to HIV clinical and prevention services to increase HIV testing. The state adoption of the Centers for Disease Control and Prevention (CDC) issued amended revisions for HIV testing in healthcare settings for adults and adolescents in 2006. Those protocols stated that consent for medical care is sufficient for HIV testing, removing the requirement to obtain written consent before HIV testing. Increased emphasis on HIV testing may affect attitudes among clinical and managerial staff, leading to more support for preventive services Frimpong et al.'s research related to my analysis by identifying the utility of accessible surveys impacting SH and other organizations. As a result, the leaders of SH and other organizations may better understand effective services for clients and areas of service that require more attention. Moreover, increasing the program's effectiveness could result in enhanced client satisfaction.

Surveys might assist the leaders in SH in discovering new developments toward improving services to clients. For example, clients could receive testing earlier to identify conditions and receive proper services sooner. HIV prevention has reduced the number of people living with the disease. Clients in the private treatment had higher injection-related HIV risk behaviors in the analyses, lower rates of HIV testing, and accessibility concerning their treatment compared to clients in public treatment (O'Grady et al., 2014). Also, the accessibility and uptake of HIV treatment in substance treatment facilities were less widespread for private treatment clients (O'Grady et al., 2014). O'Grady et al.'s (2014) study related to my analysis of the need for leaders at BHCC and other organizations to use surveys, as surveys can be useful for assessing the lack of services provided to clients.

Jozaghi et al. (2018) found that researchers in marginalized, stigmatized, and endangered groups have depended on qualitative and quantitative methods to study these populations. The researchers showed that the harm reduction network of people who used drugs intravenously and the connection between peers and the harm reduction techniques. Jozaghi et al.'s research related to my analysis of client satisfaction surveys for BHCC as a relative measure to enhance services for adults living with HIV/AIDS by asking clients to assess the educational value of harm reduction techniques. Clients can request more education on harm reduction techniques if clients have not received them.

Analyzing clients' and employees' survey responses can provide valuable feedback to organizations about improving the educational parameters within an organization. There are many educational services to provide clients. For example,

substance abuse treatment programs provide relapse prevention, self-care, and general educational development classes. A survey could reveal a potential to organizational leaders concerning a need for financial assistance to provide educational necessities that clients are requesting. Funding is a sound approach to leave space for opportunities and options that may be available—sometimes, the more money an organization has, the sooner the leaders in an organization can respond to a need that finances can fulfill (i.e., offering more tools at SH to assist clients in becoming more self-reliant rather than waiting until SH receives a grant).

Elkbuli et al. (2019) found in a systematic literature review that a need exists for behavioral interventions to prevent HIV in substance users because drug use is associated with a greater risk of contracting HIV, primarily because of unprotected sex or syringe use. Intravenous drug users need more HIV testing and programs to decrease their sexual and drug-use risk behaviors. There is an augmented risk of HIV infection in substance users, and interventions are necessary to address risk reduction. Educating people about HIV, drug-use applications, and dangerous sexual acts may augment risk factors among drug users.

Education related to my analysis of the beneficial use of client satisfaction surveys completed by clients to enhance services for adults living with HIV/AIDS as assessment measures for SH and organizational growth benefiting clients. For example, there is a need for medical supervisors to hire more medical staff, substance abuse programs to have more equipment, and doctors to prescribe alternative medicines to treat people living with HIV/AIDS. Surveys are vital in identifying client and employee

responses for SH to increase awareness of organizational parameters and may be catalysts toward future developments in an organization. It is necessary to have a periodical evaluation of an organization's procedures from client and employee perspectives to adopt and maintain an actively aware-improving environment.

**Use of Surveys for Organizational Procedures.** Pan et al. (2017) reported that "data indicate that less than 30% of substance use disorder treatment programs provide onsite HIV testing, despite the importance of HIV testing, as the first step of the HIV care continuum" (p. 534). Furthermore, O'Grady et al. (2014) researched contrasts of the HIV risk profiles of nonmedical prescription drug users in public and private treatment facilities. Participants in their analysis reported five or more current incidents of nonmedical prescription drug use, a previous negative HIV test outcome, and recent enrollment in a substance abuse treatment facility. O'Grady et al.'s analysis showed the impact a survey could have on the information it brings that the leaders in organizations can use.

It is vital to provide surveys in public and private substance abuse treatment facilities because the results may identify the number of treated HIV/AIDS clients, outcomes of HIV/AIDS drug treatments, and the number of clients attending substance abuse treatment. There is a need to review and use surveys to bring more awareness to SH and other organizations to serve HIV/AIDS drug users negatively impacted in New Jersey, which has a high rate of people living with HIV/AIDS. Moreover, surveys can assist clients and organizations by being a preventive measure that reduces the rate of HIV/AIDS drug users.

Thornton et al. (2017) found that understanding ambulatory patients' satisfaction with clinic visits aided their communication skills and healthcare assistance. They sought to check patient satisfaction in a primary care setting, recognize how patient and physician environments and features influenced satisfaction, and decide if comments provided to medical directors influenced patient satisfaction. Semiquantitative analysis used anonymous patient satisfaction surveys from 889 ambulatory outpatients in six healthcare centers over 5 years. Patients' feedback to 21 questions was examined based on significant components from a principal component analysis of a varimax-rotated factor solution. The significant components were (a) satisfaction with a physician, (b) availability/convenience, and (c) orderly/time. Data underwent analysis using descriptive statistics to examine the results (e.g., placement of clinics, patients, and physicians' age, education, and length of time at the clinic). Urban patients had more satisfaction with their physicians than did rural patients.

According to Thornton et al. (2017), inner-city patients had less satisfaction than urban or rural patients concerning availability/convenience and had less satisfaction than urban patients on orderly/time. The patient's length of stay at a center greatly affected satisfaction. The patient's educational level influenced satisfaction in the component orderly/time. Patients in their 40s were less satisfied with availability/convenience than patients older than 60. On orderly/time, patients were more satisfied with physicians in their 50s than physicians older than 60. Thornton et al.'s work related to my analysis because the client satisfaction survey showed to what degree the patients felt they and the clinical environments were safe, secure, and sanitary. The patient and the clinical

environment were factors in clients' comfort levels, especially clients who received services from BHCC. Furthermore, the client analyzed the availability and punctuality of staff and services. Clients need services in treatment and staff to deliver quality services on time, which will assist them throughout their treatment process.

Chakrapani et al. (2014) found that India's National AIDS Control Organization (AIDSCO) gave free antiretroviral treatment (ART) to people living with HIV, for example injecting drug users. Assessment of obstacles to free entry at government ART centers for injecting drug users living with HIV in Chennai occurred by directing three focus groups and four key informant interviews to create interventions to enhance access to ART. Inferential statistics can lead to sensible developments if the descriptive statistics are accurate. In addition, clients and employees can better understand communicable financial, emotional, or professional parameters.

### *Understanding Interventions With Specialized Clients*

**People Experiencing Homelessness or Living in Vulnerable Housing.** Health and housing in transition served as a site study in three urban cities in Canada (Ecker, 2017). The study featured 1,200 homeless and vulnerably housed men and women over age 18 enrolled in homeless shelters, food programs, and boarding houses. Ecker (2017) received consent from the research ethics boards at the three sites. Participants received \$20 for their engagement and a bus ticket upon interview administration at the research center. Ecker's work developed from reflexive thinking on the limitations of a quantitative design regarding the effects of methodology on the research process. It

showed importance when researching people experiencing homelessness and living in vulnerable housing.

**Importance of Client-Centered Care.** I framed my study around clients and employees. For example, I assessed client and employee surveys concerning BHCC as a focal point to highlight the importance of surveys. According to Prowd et al. (2018), interventions included (a) modifying guidelines to reflect public health practice, (b) defining the term *client*, (c) engaging employees in knowledge transfer, (d) producing opportunities to build staff management skills, (e) creating an organizational policy to support practice modification using a survey of internal and external clients, and (f) including client-centered care standards in everyday practice using client satisfaction surveys.

**Clients With Substance Use HIV/AIDS.** There are guidelines to make public health practice effective. Additionally, it is necessary to clarify the term *client* to clients and employees. An agency must engage employees in knowledge transfer when working. Also, an agency trains staff must have management skills for staff to manage their responsibilities at work. In addition, it is beneficial for the leaders in an organization to use a policy to change a practice effectively. Moreover, an agency needs client-centered standards to focus on client needs. Surveys are measures of and toward actionable responses in an organization.

I used the reflective practice template when focusing on client-centered care. The *client-centered committee* created the *reflective practice template* based on client-centered care values and principles using best practice guidelines to understand effective



care better and provide adequate care. The template enabled conversations and recorded instances of combining client-centered care standards into everyday practice with public health clients in program areas. Areas of advancement for service delivery, resource forming, and documentation and assessment of client services emerged, confirming the template's efficacy as a procedure to promote execution planning for client-centered care (Prowd et al., 2018). The reflective practice template reflected client-centered care standards in public health and helped to improve service delivery to clients. Additionally, the reflective practice template effectively formed resources and was useful when documenting and assessing client services.

### *Survey Measurement of Client and Employee Engagement*

**Client Engagement.** Most incentive programs adopted several techniques to address the low motivation for treatment and used treatment programs in Maine-established access centers (where clients can have an intake on the same day they call) or centralized scheduling (to create efficiencies in booking available clinical hours). Many IC programs introduced text message or phone call protocols to remind clients of scheduled appointments. One director said he educated staff on motivational interviewing to increase client engagement (Davis et al., 2021). An additional IC program incentivized clients to attend sessions by stamping an attendance card. After four stamps, the client received a gift card for coffee. Directors of programs that depended on public transportation worked with transportation businesses to create bus stops near the program, removing a geographic barrier. Incentive program directors reported it was easier to target effective reforms to address access measures, mainly through open access

and group intakes, than to develop retention or completion measures. The literature identified strategies to improve client engagement. Leaders at SH and other organizations must establish access centers or centralized scheduling to start the process for clients to enter treatment and engage clients. Additionally, organizations must train staff to use counseling theories, such as motivational interviewing, to engage clients in treatment. Additionally, incentivizing clients motivates them to attend and engage in treatment.

**Employee Engagement.** According to Shrotryia and Dhanda (2020), best practices for employee engagement may proceed from explaining employee engagement as a multidimensional construct with three aspects, including (a) alignment, (b) effectiveness, and (c) action orientation. The theoretical codes centered on being engaged at a job and agency. Shrotrvia and Dhanda discussed an overall understanding of elements that the construct of employee engagement subsumes to move to a specific definition. Engaged employees were aligned, effective, and action-oriented at a job or agency, demonstrating work and organizational engagement constructs. The authors identified employee engagement as having three aspects; employees need (a) alignment, (b) effectiveness, and (c) action orientation to engage at work and in an organization. I analyzed client and employee satisfaction surveys by applying the ideas of alignment, effectiveness, and action orientation as contributions to comparative measures.

### **Relevance to Public Organizations**

My research using SH surveys as a focus to highlight the importance of surveys may be relevant to many organizations. Using surveys can assist leaders in public or private organizations in adopting a more cohesive or immersive survey process that can

benefit communities. Surveys can raise awareness about HIV/AIDS and improve services for people living with HIV/AIDS, in association with organizations, through a psychological-medical approach.

The results of this study may contribute to the broader field of public administration by providing an understanding of services that clients and employees need and the lack of services from organizations. The research may contribute knowledge and awareness of the impact of a survey regarding the services to clients and employees. My descriptive statistics could assist leaders in SH in developing favorable outcomes concerning services, clients, and employees. Additionally, the statistics presented might assist leaders in other organizations in assessing their organizational procedures. Therefore, leaders in other organizations can use effective measures of their organizational procedures to provide outcomes regarding services, clients, and employees. Moreover, the beneficial services that SH and other organizations provide to clients and employees may lead to stronger relationships and higher engagement with clients and employees.

An example of solid relationships between employee engagement and organizational performance emerged from an analysis of relationships between the Ontario Hospital Association's employee experience survey outcomes for employees in 16 hospitals in Ontario, Canada, and outcome measures obtained from the association's healthcare workplace model (Prince & Mihalicz, 2019). The client-related results included quality client care and services, a client-centered work setting, and a client

safety culture. The outcomes consistently showed strong positive relationships between employee engagement and organizational performance on these measures.

According to Downe et al. (2010), surveys are useful in public administration. For example, in the theory of public services efficiency, citizen surveys are an effective instrument for evaluating efficiency in public services. Public services can have a positive influence on people's lives through policy measures spanning intensified fights against corruption, improved funding, increased observation, and increased institutional size for enhanced expansion in physical appearance, features, and observable public services. Surveys are imperative as an assessment measure in public services, as they impact clients and employees through policy measures. Surveys are also a beneficial and practical tool for daily use.

Regular perception surveys produce adequate empirical bases for policy choices on public services. Consequently, public services institutions could provide beneficial services to vulnerable populations and, as a result, contribute to enhancing the UN Human Development Index and meeting the Sustainable Development Goals set by world leaders (Gumah & Aziabah, 2020). According to the authors, surveys can significantly influence policy choices on services to clients and employees at SH and other organizations. Analyzing survey results might aid leaders in SH and other organizations in evaluating their resources to provide better services to clients and employees. Analyzing the surveys and providing descriptive statistics to SH may boost the chances of creating positive relationships between employees and clients. In substance abuse treatment centers, evaluating medical and nursing services, HIV testing

and HIV prevention services, social services, lack of family involvement, and lack of behavioral health services may prove helpful in improving client services. This research may support professional practices using quantitative research to find techniques and solutions to address issues that arise or linger in an organization.

### **Role of the Student Researcher**

I am a student researcher at Walden University. I analyzed the client and employee satisfaction surveys and provided a report with my recommendations to SH to show the benefit of using surveys to the organization's leaders for its programs and processes. My motivations were to assist SH by analyzing the surveys and providing recommendations to assist clients and employees in receiving effective services at SH. SH needs my assistance to provide them with effective tools to address the issue of staff not analyzing surveys and providing beneficial services to clients and employees.

The potential biases I may have possessed toward HIV/AIDS substance users were assuming them to be violent and self-centered. I addressed these biases by acknowledging them and changing my thoughts about these individuals. I learned to understand their behavior more deeply and act empathetic toward them. I managed my research bias by choosing clients and employees more likely to produce the intended outcomes for my research. I analyzed each survey in depth for the data to contribute to my analysis, findings, and recommendations in the study.

### **Summary**

In this quantitative study, I analyzed secondary data of relationships among variables for SH and provide a recommendation memo to improve services to SH clients

and employees. I provided key concepts that comprise the study's conceptual framework and provided the client's deliverable. The key concepts included the importance of surveys in assessing and enhancing organizational services and procedures, understanding interventions with specialized clients, and survey measurement of client and employee engagement which encompass organizational procedures at the client organization. Using surveys can assist leaders in public or private organizations in adopting a more cohesive or immersive survey process that can benefit communities. I must analyze the responses of SH clients and employees in unanalyzed surveys to ensure organizational parameters are receiving the necessary attention. There is a gap in knowledge regarding the responses of clients and employees to the satisfaction surveys at SH because no one has analyzed the surveys. In the next section, I discuss the data collection process and analysis.

### Section 3: Data Collection Process and Analysis

#### **Introduction**

The problem was that SH had unanalyzed existing client and staff satisfaction surveys that needed to be analyzed to better understand their clients and improve services. In this quantitative study, I analyzed secondary data of relationships among variables for SH and provided a recommendation memo to improve services to SH clients and employees. There was a gap in knowledge regarding the responses of clients and employees to the satisfaction surveys at SH because no one has analyzed the surveys.

I provided key concepts that comprised the study's conceptual framework and provided the product deliverable provided to the client organization. Using surveys can assist leaders in public or private organizations in adopting a more cohesive or immersive survey process that can benefit communities. I needed to analyze the responses of SH clients and employees in unanalyzed surveys to ensure organizational parameters are receiving the necessary attention. I used quantitative data analysis, including descriptive statistics on secondary research (i.e., surveys), which showed that surveys are effective tools at SH, as they have been in other organizations. I used descriptive statistics by summarizing the dataset's features from the client and employee satisfaction surveys and explained in depth the data from the client satisfaction surveys and the employee satisfaction surveys. I also described the categories, client responses, and employee responses to the surveys.

Additionally, I used the client and employee satisfaction survey data to generalize the population. I concluded how effective SH's services were to clients and employees.

Further, I made a general statement about the clients and the employees at SH. I organized the information to accurately present recommendations about clients, employees, and organizational procedures. My recommendations provide insights into the strengths and areas that need improvement at BHCC related to providing services to clients and employees.

### **Practice-Focused Questions**

The problem was that SH had unanalyzed existing client and staff satisfaction surveys that needed to be analyzed to better understand their clients and improve services. There was a gap in knowledge regarding the responses of clients and employees to the satisfaction surveys at SH because no one had analyzed the surveys. The practice-focused questions were as follows:

RQ1: What are the employee satisfaction and employee perception of the program's effectiveness?

RQ2: What are the client satisfaction and client perception of the program's effectiveness?

In this quantitative study, I analyzed secondary data of relationships among variables for SH and provided a recommendation memo to improve services to SH clients and employees. The purpose aligned with the practice-focused questions by analyzing the relationships between employee satisfaction and the effectiveness of the program and client satisfaction and the program's effectiveness.



### **Sources of Evidence**

I analyzed client and employee satisfaction surveys to address the project questions. After assessing surveys per BHCC's current organizational procedures, I provided recommendations to BHCC, ensuring I noticed all assessments that may be beneficial for BHCC. I used a recommendation memo to provide my analysis of the surveys and the services at BHCC. I analyzed client satisfaction surveys and employee satisfaction surveys concerning the purpose of this professional administrative study. I collected and analyzed these surveys to determine client satisfaction, employee satisfaction, and the program's effectiveness. I gained knowledge about the services and how satisfied the clients and employees are. After analyzing the surveys, I provided BHCC with my analysis, findings, and recommendations.

### **Evidence Generated for the Administrative Study**

I analyzed unanalyzed responses from clients and employees in existing client and employee satisfaction surveys to better understand clients' experiences attending SH. I worked to understand employees' personal experiences when working at SH by analyzing the employee satisfaction surveys. I also worked to understand their perspectives on the services received from SH. In analyzing client surveys, I examined an organization's functions. I analyzed the type of services SH provides to clients and employees. Additionally, after analyzing the client and the employee responses to the satisfaction surveys, I evaluated how effectively SH functions when providing services to clients and employees. I provided my reports, findings, and recommendations to SH. Additionally, I evaluated the services that SH provides concerning its clients and

employees. SH provides various services to clients and employees. Based on the clients' and employees' answers to the surveys, I used descriptive statistics to analyze client satisfaction and employee satisfaction surveys.

### **Clients and Employee Participants**

SH did not choose the number of participants. SH asked clients and employees to participate in completing the surveys. SH selected clients who attended treatment and employees who worked at BHCC. The clients of SH are adult HIV/AIDS drug users. SH recruited 45 residents to complete surveys in 2019. SH recruited 46 employees to complete satisfaction surveys in 2019 ( $N = 91$ ;  $n = 45$  client satisfaction surveys;  $n = 46$  employee satisfaction surveys). The clients and employees were relevant to the practice-focused questions because I analyzed the relationships between employee satisfaction and the effectiveness of the program and client satisfaction and the program's effectiveness.

### **Procedures**

I analyzed SH client satisfaction and employee satisfaction surveys using quantitative data analysis through descriptive statistics. The instruments used by SH were pre-validated by the organization, so no pilot study or field test was necessary, and I analyzed existing survey data. SH recruited 46 employees to complete satisfaction surveys in 2019 and 45 residents to complete surveys in 2019 ( $N = 91$ ;  $n = 45$  client satisfaction surveys;  $n = 46$  employee satisfaction surveys). I collected the secondary data analysis from the client and employee satisfaction surveys for two months. I analyzed secondary data from different categories in the client and employee satisfaction surveys.

## **Instrumentation**

The client and employee satisfaction surveys had a mixed format of open- and closed-ended questions. The leaders in SH developed both the client satisfaction survey and the employee satisfaction survey. The publication date for the SH employee satisfaction survey was June 17, 2019, and July 12, 2019, for the client satisfaction survey. Staff at SH gave satisfaction surveys to clients and employees, and the staff collected the completed surveys. The participants were clients and employees at SH. The procedure I used to obtain the surveys was requesting the surveys from the director. The director provided copies of the client and employee satisfaction surveys, and I analyzed them by reviewing them. SH asked clients and employees to participate in completing the surveys. I did not develop working relationships with participants because I completed a quantitative study analyzing the surveys. I did not take measures to ensure data retention plans or provide incentives to participants nor measures to permit participants to withdraw participation.

## **Ethical Considerations**

The ethical concerns were honesty and integrity, respect for intellectual property, and confidentiality. I ensured that I reported the data from the survey with honesty and integrity. Additionally, I respected intellectual property by requesting consent and citing data from the survey (see Resnick, 2015). I addressed honesty and integrity, respect for intellectual property, and confidentiality in the following ways. I read the data and accurately reported the findings from the survey with honesty and integrity. Additionally, I respected intellectual property by asking the director for copies of the client and

employee satisfaction surveys. I followed several steps to access the surveys and the data. I asked permission from the director of SH to receive copies of the client satisfaction surveys and the employee satisfaction surveys so I could analyze them. I also signed any forms required by SH to access the surveys.

The data from the surveys were anonymous; thus, there was no identification of the source of confidential information contained in the surveys. The clients' and the employees' names were not shown or were erased prior to use. The surveys rest in a secure location, locked in an office to which only I and the director have access. I shredded copies of the surveys after analysis. No protections were needed because I did not complete my study within my work environment. I did not provide incentives to participants in this study.

### **Required Approvals**

The agreement to gain access to the data is the SH service order agreement, which I signed. I received approval from SH to conduct research with the organization. The following explains the IRB approvals required for the professional administrative study. Before starting the research, I conducted a professional administrative study that required Walden University's IRB approval. The IRB reviewed my application for approval and decided that my research complied with Walden's principles of ethical research (see Walden University, 2017).

### **Analysis and Synthesis**

There were 42 client satisfaction survey questions and 10 employee satisfaction survey questions. After analyzing the surveys, I provided SH with my analysis, findings,

and recommendations to the leaders of SH to use surveys for its organization's programs and processes.

### **Analysis Systems**

I recorded the coded data from the client satisfaction and employee satisfaction surveys using IBM SPSS Statistics (SPSS™, Version 24). Coding methods are useful in survey methodologies, such as for coding answering behavior and question-answer sequences, to identify challenges with questions from the survey (Bais et al., 2019). The surveys were from Abaqis, a third-party quality management system used to conduct calculations at SH. I analyzed client and employee satisfaction surveys as part of my study to obtain and provide information to clients and employees. I performed a univariate analysis of the data using descriptive statistics (e.g., mean, frequency, and proportion; see Horton et al., 2019). The statistical descriptives included univariate descriptive tabulations and select cross-tabulations for the data gathered from the client and employee satisfaction surveys.

### **Analysis Procedures**

I created a subscale score, choosing questions that pertained to client satisfaction to calculate the measure of client satisfaction from the client satisfaction survey. The total number of questions in the client satisfaction survey questions was 44. Subsequently, I used a 10-point Likert-type scale from the client satisfaction surveys to multiply 44 by 10, which equals 440. The subscale score was 44 to 440. I analyzed each survey in SPSS and used tables to show the data results as a visual representation. I coded the data from the client satisfaction surveys by assigning all clients an identification code consisting of

their initials. I coded *no* as 0, *yes* as 1, not applicable (N/A) as 2, *none* as 3, and responses of *do not know* as 5.

In addition, I coded the following responses from the client satisfaction surveys. I coded *dressing* as *clothing*, *oral care* as *oral hygiene*, *I am happy* as *a positive view of the facility*, and *I love y'all* as *a positive view of the facility*. I recorded the responses to the first two questions in the satisfaction section in the same way. I used only the first two questions in the client satisfaction surveys, as only a few clients answered the third question in that section. I recorded the coded responses from the different categories in the client satisfaction surveys. I also recorded the coded responses using the 10-point Likert-type scale from the following categories in the client satisfaction surveys: (a) cognitive status, (b) choices, (c) dignity, (d) activities, (e) building and environment, (f) participation in the care plan, (g) abuse, (h) interaction with others, (i) personal property, (j) pain, (k) assistance/urinary incontinence, (l) hydration, (m) sufficient staff, (n) dental, (o) privacy, (p) the exercise of rights, (q) personal funds, (r) food quality, and (r) satisfaction (see Table 1 Code Definitions the Client Satisfaction Surveys).

**Table 1***Code Definitions From the Client Satisfaction Surveys*

Code	Term
abu	Abuse
act	Activities
ADL	Assistance/urinary incontinence
BuE	Building and environment
cho	Choices
cog	Cognitive status
Den	Dental
Dig	Dignity
ExR	Exercise of rights
FQ	Food quality
hyd	Hydration
IWO	Interaction with others
pai	Pain
PCP	Participation in a care plan
Per	Personal funds
PP	Personal property
Pri	Privacy
Sat	Satisfaction
suf	Sufficient staff

I created a subscale score to calculate the dependent variable of employee satisfaction from the employee satisfaction survey, choosing questions that pertained to employee satisfaction. The total number of questions about employee satisfaction in the surveys was 11. Subsequently, I used a 5-point Likert-type scale to multiply 11 by 5, which equals 55. The subscale score was 11 to 55. I assigned each employee a code using their initials. I recorded the data that I coded from the categories in the employee satisfaction surveys using a 5-point Likert-type scale; categories included (a) catheter use, (b) pressure ulcers, (c) side rails, (d) contractures, and (e) falls and fractures. I coded the responses as follows: *no* as 0, *yes* as 1, *N/A* as 2, and *none* as 3. I also recorded *Stage 4*,

an employee response, as the most advanced stage for each pressure ulcer when they are at their deepest visible anatomical level, as *Stage 4*.

I recorded the program's effectiveness by analyzing the responses to the questions in the client satisfaction surveys and the employee satisfaction surveys. I created a subscale score to calculate the program's effectiveness from the client satisfaction surveys, choosing questions that pertained to the program's effectiveness in the client satisfaction surveys. The total number of questions about the program's effectiveness in the client satisfaction surveys was 13. Subsequently, I used the 10-point Likert-type scale from the client satisfaction surveys to multiply 13 by 10, which equals 130. The subscale score was 13 to 30. I coded the data using the categories (a) dignity, (b) activities, (c) building and environment, (d) participation in the care plan, (e) sufficient staff, (e) dental, and (f) food quality. I followed the same procedure to code the responses from these categories for the client satisfaction surveys.

I created a subscale score to calculate the program's effectiveness from the employee satisfaction surveys, choosing questions that pertained to the program's effectiveness in the employee satisfaction surveys. The total number of questions on the program's effectiveness in the employee satisfaction surveys was five. Subsequently, I used the 5-point Likert-type scale to multiply 5 times 5, which equals 25. The subscale score was 5 to 25. I used three categories to code the responses in the employee satisfaction surveys, including (a) catheter use, (b) side rails, and (c) contractures (see Table 2 Code Definitions From the Employee Satisfaction Surveys). I followed the same



procedure to code the responses from these categories for the employee satisfaction surveys.

**Table 2**

*Code Definitions From the Employee Satisfaction Surveys*

Code	Term
Cat	Catheter use
Contract	Contractures
Fall&Frac	Falls and fractures
Press. ul.	Pressure ulcers
Side rails	Side rails

### **Data Integrity**

I ensured that I cited the data accurately. I also recorded the data and the results precisely. Additionally, I managed outliers and missing information by examining the existing data, finding the missing data, and correcting the outliers.

### **Validity**

The SH pre-validated the surveys, so no pilot study or field test was necessary within the context of this research to perform any secondary validation.

### **Reliability**

I used the Chronbach's alpha test to examine employee survey data for reliability, resulting in a negative alpha statistic, indicating a negative average covariance across the data. Such a condition violates one of the reliability model's assumptions, resulting in no

way to test for and determine reliability. Data can display this characteristic for several reasons, including (a) improperly coded data, (b) data requiring inversion but not subjected to the same, (c) bad data from the source (i.e., the respondents provided false or otherwise incorrect answers), (d) negative covariance in the *sample* only (but possibly positive covariance in the *population* due to either inadequate sample size or an inadequate number of items), or (f) the items may have a true negative covariance, in which case the data might not be suitable for a single-use case as they might not measure similar items (Ritter, 2010). Only two options exist to deal with negative covariance, including (a) eliminating the data columns displaying the negative covariance, or (b) collecting new data, ideally from a new sample (Taber, 2018). Option *a* was not possible since the item removal data rows (what the alpha score would rise to upon elimination of the offending data) were all negative (and an alpha score cannot be negative—there is no such statistical construct as *negative reliability*). Option *b* is impossible since I received these data *in situ*—I did not collect the data. For these reasons, the employee survey data lacking reliability (Ursachi et al., 2015) is a limitation. Using Chronbach’s alpha to test the client survey data for reliability, I observed a score of  $\alpha = .818$ , indicating reliability in the client dataset.

### **Credibility and Confirmability**

I documented my role in analyzing client and employee satisfaction surveys. I used reliable client and employee data with unknown reliability and a valid instrument to conduct evidence-based research. Additionally, I recorded my efforts with BHCC by providing client and employee services recommendations. I conducted quantitative

secondary research to provide data analysis through descriptive statistics that showed that surveys are effective tools at SH, as they have been in other organizations.

### **Summary**

I used SH's surveys to analyze the benefits of using surveys as a research design measure in an organization that uses them less. I analyzed unanalyzed responses from clients and employees in the surveys to better understand clients' and employees' experiences attending BHCC. I collected the secondary data analysis from different survey categories and used the mixed format client and employee satisfaction surveys that SH developed. I received approval from SH to conduct research with the organization. I recorded the data I coded from the client and the employee satisfaction surveys using IBM SPSS Statistics (SPSS, version 24). I analyzed the survey data and presented my findings and recommendations to SH. Section 4 presents the data analysis results.

## Section 4: Results and Recommendations

### **Introduction**

SH conducted two surveys to gauge clients' and employees' satisfaction with the services provided by the company. Survey submissions occurred throughout 2019, but no staff was available to analyze them. I analyzed the survey data using descriptive statistics, presented the results, and submitted my recommendations to SH. In this quantitative study, I analyzed secondary data of relationships among the data and provided a recommendation memo to improve services to SH clients and employees.

### **Demographics of Participants**

SH clients were adult individuals who contracted HIV through drug use, and SH employees provided services to clients. The survey sample size was 46 employee and 45 client satisfaction surveys. There was no additional demographic data included in the surveys.

### **Sources of Evidence**

I analyzed existing client satisfaction surveys and employee satisfaction surveys from SH. Study data came from surveys developed by Abaqis, a third-party quality management system that provides internal information to the organization at SH. The staff at SH gave satisfaction surveys to clients and employees, and the staff collected the completed surveys. These surveys remained in storage. I received permission from the director of SH. I analyzed the secondary data from these surveys, so I obtained them from the director in her office at SH (refer to *service order agreement*). There were a total number of 44 questions in the client satisfaction survey and 11 questions in the employee

satisfaction survey. There were no variations in data collection from the plan presented in Section 3. In the data collection, there were no unusual circumstances encountered.

### **Analytical Strategies Employed**

The following analytical strategies aided this study.

#### **Coding the Data**

The first analytical strategy I employed was to code the clients' and employees' satisfaction surveys using IBM SPSS Statistics 24 (SPSS). Coding strategies supported the survey methodology for answering behavior and question-answer sequences and identifying challenges with questions from the survey (see Bais et al., 2019).

#### ***Coding Data From the Client Satisfaction Surveys***

I coded the data from the client satisfaction surveys by assigning all clients an identification code consisting of their initials. Then I coded their responses to the questions with 0 representing *no*, 1 *yes*, 2 *not applicable* (N/A), and 3 *none*, and responses of *do not know* as 5 (see Table 3 Coding Chart). The chart displayed 10 possible answers to the questions in the client satisfaction survey.

I used only the first two questions in the satisfaction category of the client satisfaction surveys, as only a few clients answered the third question. I coded responses in the client satisfaction surveys using the 10-point Likert-type scale and the categories (a) abuse, (b) activities, (c) assistance/urinary incontinence, (d) building and environment, (e) choices, (f) cognitive status, (g) dental, (h) dignity, (i) the exercise of rights, (j) food quality, (k) hydration, (l) interaction with others, (m) pain, (n) participation in the care plan, (o) personal funds, (p) personal property, (q) privacy, (r)

satisfaction, and (s) sufficient staff (see Table 4 Code Definitions the Client Satisfaction Survey).

**Table 3**

*Coding Chart*

Client satisfaction survey	Codes of answers	Client satisfaction survey	Categories in the surveys
No	0	Dressing	0
Yes	1	oral care	1
Not applicable (N/A)	2	I am happy	2
None	3	I love y'all	3
No answer	4		
Do not know	5	Employee Satisfaction Survey	
Employee satisfaction survey		Stage 4	4
No	0		
Yes	1		
N/A	2		
None	3		

**Table 4***Code Definitions From the Client Satisfaction Survey*

Code	Category
Abu	Abuse
Act	Activities
ADL	Assistance/urinary incontinence
BuE	Building and environment
Cho	Choices
Cog	Cognitive status
Den	Dental
Dig	Dignity
ExR	Exercise of rights
FQ	Food quality
Hyd	Hydration
IWO	Interaction with others
Pai	Pain
PCP	Participation in the care plan
Per	Personal funds
PP	Personal property
Pri	Privacy
Sat	Satisfaction
suf	Sufficient staff

*Coding Data From the Employee Satisfaction Surveys*

I assigned each employee a code using their initials for the employee satisfaction survey. I coded each of the categories in the employee satisfaction surveys using a 5-point Likert-type scale, including (a) catheter use, (b) contractures, (c) falls and fractures,

(d) pressure ulcers, and (e) side rails. I coded the responses as follows: *no* as 0, *yes* as 1, *N/A* as 2, and *none* as 3. I also recorded *Stage 4*, an employee response, as the most advanced stage for each pressure ulcer when they were at their deepest visible anatomical Level 4 (see Table 2 Code Definitions the Employee Satisfaction Survey).

### **Table 5**

#### *Code Definitions From the Employee Satisfaction Survey*

Code	Category
Cat	Catheter use
Contract	Contractures
Fall&Frac	Falls and fractures
Press. ul.	Pressure ulcers
Side rails	Side rails

### **Analysis**

Out of the 24 variables, I analyzed the following from the client satisfaction survey: (a) client satisfaction with the activities, (b) client satisfaction concerning participation in the care plan, and (c) client satisfaction with the overall organization. In the activities section, clients provided input about their participation in activity programs, their interests in the activities, the availability of the activities, and if staff provided items for the clients to do activities. In the participation in the care plan section, clients provided their satisfaction levels as to inclusion in the decisions about their medicine,



therapy, and other treatments. In the satisfaction section, clients identified their overall satisfaction with BHCC services and as an organization.

### ***Data From the Employee Satisfaction Survey***

The surveyors asked the nurses questions to see whether they knew the residents. Employees thought it was a good idea for SH to implement the side rails policy for the residents. In this category, it was significant for the residents who could not get out of bed on their own to have the side rails assist them. The employees believed that the side rails would help the residents reach their destination. Furthermore, the residents would have their needs met and be able to participate in the services from SH by using side rails. Moreover, employees thought it was a good idea for SH to have motion services or a splint device for residents with contractures, defined as a condition of fixed high resistance to passive stretch of a muscle. The motion services or splint devices would assist the residents in moving their muscles. The splint device or motion services supported the residents in moving their muscles, and it caused them to be interested in using SH services.

### **Variables**

Using categorical variables, I then analyzed the similarities between client and employee responses. The independent variables were client and employee satisfaction, and the dependent variable was the effectiveness of the program.

### ***Independent Variable of Client Satisfaction***

I created a subscale score for the questions that pertained to client satisfaction to calculate the independent variable of client satisfaction. The total number of questions in

the client satisfaction survey questions was 44. Subsequently, I used a 10-point Likert-type scale from the client satisfaction surveys to multiply 44 by 10, which equaled 440. The subscale score was 44 to 440.

### ***Independent Variable of Employee Satisfaction***

I created a subscale score to calculate the dependent variable, employee satisfaction. I chose questions that pertained to employee satisfaction. The total number of employee satisfaction questions in the employee satisfaction surveys was 11. Subsequently, I used a 5-point Likert-type scale to multiply 11 by 5, which equaled 55. The subscale score was 11 to 55.

### ***Dependent Variable of Effectiveness***

I recorded the program's effectiveness by analyzing the responses to the questions in the client and employee satisfaction surveys.

### ***Effectiveness of Program for Clients***

For the client survey, I chose three categories: (a) activities, (b) care plan, and (c) organization services. Eighty percent of the clients had satisfaction with the services, which indicates that SH was doing a great job meeting the client's needs. The client's perception of the activities was that they were satisfied with SH's services of providing activities. The client's perception was that they had high satisfaction with participating in the activities. The client's perception was that they had a high percentage who responded that staff does include them in their decisions about their medicine, therapy, or other treatments.

I created a subscale score to calculate the program's effectiveness from the client satisfaction surveys. I chose questions that pertained to the program's effectiveness in the surveys. The total number of questions pertained to the program's effectiveness in the client satisfaction surveys was 13. Subsequently, I used the 10-point Likert-type scale from the client satisfaction surveys to multiply 13 by 10, which equaled 130. The subscale score was 13 to 130. I coded the data using the categories of (a) dignity, (b) activities, (c) building and environment, (d) participation in the care plan, (e) sufficient staff, (f) dental, and (g) food quality. I followed the same procedure to code the responses from these categories for the client satisfaction surveys.

### ***Effectiveness of Program for Employees***

I chose two categories for the employee survey, including (a) side rails and (b) contractures. The employee's perception was that they had lower satisfaction with not being physically capable of getting out of bed independently. The employee's perception was that they had a high percentage of satisfaction using the side rails. The employee's perception was that a high percentage of the residents were satisfied that raising rails did not prevent the resident from voluntarily getting out of bed. A high percentage of residents responded with not having a contracture. The residents were not satisfied because a low percentage responded no, with receiving range of motion services or having a splint device in place.

I created a subscale score to calculate the program's effectiveness from the employee satisfaction surveys, choosing questions that pertained to the program's effectiveness in the employee satisfaction surveys. The total number of questions

pertained to the program's effectiveness in the employee satisfaction surveys was 5. Subsequently, I used the 5-point Likert-type scale to multiply 5 times 5, which equals 25. The subscale score was 5 to 25. I used categories to code the responses in the employee satisfaction surveys, including (a) side rails and (b) contractures. As mentioned, I followed the same procedure to code the answers from these categories for the employee satisfaction surveys.

### **Univariate Descriptive Tabulations**

I performed a univariate analysis of the data using descriptive statistics (i.e., mean, frequency, and proportion; see Horton et al., 2019). The statistics included frequency data analysis and descriptive statistics from the client and employee satisfaction surveys. Also, I calculated and analyzed the percentages.

### **Findings and Implications**

The following were the findings and implications. I divided the section into two parts—first, the analysis of the client satisfaction survey and then the employee satisfaction survey. Under each survey, I analyzed select question categories in the survey.

#### **Data Analysis of Client Satisfaction Survey**

For the client survey, I chose three categories, including (a) activities, (b) care plan, and (c) organization services.

#### ***Client Satisfaction With Activities Findings***

**Question 1 of Activities.** In the activities section, the first question was Do you participate in the activity programs here? If no, ask why they do not participate. Some

clients (2, 4.4%) reported not participating in the activity programs here, while 34 (75.6%) said they did. However, nine (20%) of the clients responded with *not applicable* (see Table 6 Client Participation in Activities (Raw Data)).

**Table 6**

*Client Participation in Activities (Raw Data)*

Client responses	Frequency	Percent
0 No	2	4.4
1 Yes	34	75.6
2 N/A	9	20.0
Total	45	100.0

Two questions followed, regardless of the client's responses (see Table 7 Activities Interests). First, 1a: Do the activities meet your interests?

**Table 7**

*If Activities Met Interests*

Client responses	Frequency	Percent
0 No	2	4.4
1 Yes	34	75.6
2 N/A	9	20.0
Total	45	100.0

Then 1b (see Table 8 Activities Provided as Often as Would Like): Are the activities provided as often as you would like, including on weekends and evenings? Seven (15.6%) clients answered no, 29 (64.4%) clients answered yes, and nine responded N/A.

**Table 8**

*If Activities Are Provided as Often as You Would Like*

Client responses	Frequency	Percent
0 No	7	15.6
1 Yes	29	64.4
2 N/A	9	20.0
Total	45	100.0

**Question 2 of Activities.** The second question was as follows: Does staff provide items so you can do activities on your own, like books or cards? Four (8.9%) answered no, 34 (75.6%) answered yes, and seven (15.6%) answered N/A (see Table 9 Staff Provide Items Activities on Your). These data explained that many clients were interested in the activity programs. Additionally, the client's interests in the activity programs caused them to participate. The clients were satisfied with SH's services of providing activities that they enjoy. Even though they had a busy schedule, they had time on the weekends and evenings to participate.

**Table 9***If Staff Provides Items So You Can Do Activities on Your Own*

Client responses	Frequency	Percent
0 No	4	8.9
1 Yes	34	75.6
2 N/A	7	15.6
Total	45	100.0

***Client Satisfaction With Care Plan Findings***

The company surveyed participation in the care plan. The question in the survey was as follows: Do staff include you in decisions about your medicine, therapy, or other treatments? I used a coded system to categorize their responses to the survey questions were coded 0 for *no*, 1 for *yes*, and 2 for *N/A* not applicable. A total of 45 clients participated in the survey. Three (6.7%) clients answered no, 38 (84.4%) clients responded yes, and four (8.9%) clients answered N/A (see Table 10 Staff Include in Decisions).

**Table 10***If Staff Include You in Decisions*

Client responses	Frequency	Percent
0 No	3	6.7
1 Yes	38	84.4
2 N/A	4	8.9
Total	45	100.0

***Client Satisfaction With Organization Services Findings***

The company surveyed to gauge clients' overall satisfaction with the service provided. The survey used a Likert-type scale of 1 to 10, 1 being *extremely dissatisfied* and 10 being *extremely satisfied*. A total of 45 clients participated in the survey. Five clients reported their level of satisfaction as 1 to 3. Eight clients reported their level of satisfaction as 4 to 7. Thirty-two clients reported their level of satisfaction as 8 to 10. Thirty-two clients were satisfied with the services (see Table 11 Client Satisfaction With Organization Services Data). Five (11%) clients reported their level of satisfaction as 1 to 3 (*dissatisfied*). Eight (18 %) clients reported their level of satisfaction as 4 to 7 (*neither satisfied nor dissatisfied*). Thirty-two (71 %) clients responded with a level of satisfaction of 8 to 10 (*satisfied*). The clients who were extremely dissatisfied with the services they received from SH were 1 to 3 on a Likert-type scale. The clients who were somewhat dissatisfied with the services they received from SH were 4 to 7 on a Likert-type scale. The clients who were very satisfied with the services they received from SH were 8 to 9



on a Likert-type scale. The clients who were extremely satisfied with the services they received from B SH HCC were 10 on a Likert-type scale.

**Table 11**

*Client Satisfaction With Organization Services Data*

Satisfaction on a scale of 1–10	Responses, scale 1–10; 10 = most satisfied	Number of clients responding	Percent of clients at each level of satisfaction
Dissatisfied	1-extremely dissatisfied	1	11%
	2-extremely dissatisfied	4	
	3-extremely dissatisfied	0	
Neither satisfied nor dissatisfied	4-somewhat dissatisfied	1	18%
	5-somewhat dissatisfied	2	
	6-somewhat satisfied	3	
	7-somewhat satisfied	2	
Satisfied	8-very satisfied	14	71%
	9-very satisfied	6	
	10-extremely satisfied	12	

The 80% of the clients who were satisfied with the services indicate that BHCC was doing a great job meeting the client's needs. The middle section contained neither satisfied nor dissatisfied and moving five clients who responded somewhat satisfied to satisfied categories equaled 80%. There were 20% dissatisfied by moving three clients from somewhat dissatisfied to dissatisfied. This means that 20% of the clients were unsatisfied with SH services. The company's culture involves clients in decision-making

about their care plans. Such practice might yield a high level of client satisfaction. A high percentage showed that staff included the clients in making decisions about their medicine, therapy, or other treatments. The clients made decisions that correlated with increased satisfaction with SH services. Additionally, this would improve clients' satisfaction with working with the staff.

### **Data Analysis of the Employee Satisfaction Survey**

The employee satisfaction survey was about the resident's perception of how the organization rated its services to the residents. I chose two categories for the employee survey: (a) side rails and (b) contractures.

#### ***Employee Satisfaction With Side Rails Findings***

The company surveyed for information concerning side rails. The first question in the survey was as follows: Are side rails (including half or quarter rails) used for this resident? Forty-five residents contributed to the survey. There were two follow-up questions asked regardless of employees' responses. First, 2b: The 2b question in the survey was as follows: Is the resident physically capable of getting out of bed on his or her own? Then 2c: When the rails are raised, do they prevent the resident from voluntarily getting out of bed? A total of 46 residents participated in the survey. Eleven (23.9%) residents answered no, 34 (73.9%) responded yes, and one (2.2%) resident answered N/A and was not physically capable of getting out of bed on their own (see Table 12 Resident Physically Capable of Getting of Bed on Own).

**Table 12***If Resident Is Physically Capable of Getting Out of Bed on Their Own*

Resident responses	Frequency	Percent
0 No	11	23.9
1 Yes	34	73.9
2 N/A	1	2.2
Total	46	100

The 1a question in the survey was as follows: Is the resident physically capable of getting out of bed on his or her own? The 1b question was as follows: When the rails are raised, do they prevent the resident from voluntarily getting out of bed? Forty-five residents (97.8%) said they used the side rails (including half or quarter rails), while one (2.2%) stated that they did not, including half or quarter rails (see Table 13 Used Side Rails).

**Table 13***Used Side Rails*

Resident responses	Frequency	Percent
0 No	1	2.2
1 Yes	45	97.8
Total	46	100

The SH building had side rails used for the residents. Most of the residents (73.98%) were physically capable of getting out of bed independently, and staff stated that raising rails does not prevent the resident from voluntarily getting out of bed (see Table 14 Capable of Getting of Bed Independently). About one-quarter of the residents (26.1%) said it was not applicable when the rails were raised to prevent the resident from voluntarily getting out of bed. Such practice might assist residents in their movement and satisfy them with this additional support.

**Table 14**

*Capable of Getting Out of Bed Independently*

Resident responses	Frequency	Percent
0 No	34	73.9
2 N/A	12	26.1
Total	46	100

***Employee Satisfaction With Contractures Findings***

The company conducted a survey on contractures, defined as a condition of fixed high resistance to passive stretch of a muscle. The first question in the survey was as follows: Does the resident have a contracture? There was one follow-up question asked regardless of employees' responses. First, 2e: Does the resident receive a range of motion services or have a splint device in place? I used a coded system to categorize their responses to the survey questions coded, with 0 for *no*, 1 for *yes*, and 2 for *N/A*. A total of 46 residents participated in the survey. Ten (21.7%) residents responded yes to having a

contracture, while 36 (78.3%) residents responded no (see Table 15 the Resident a Contracture).

**Table 15**

*If the Resident Has a Contracture*

Resident responses	Frequency	Percent
0 No	36	78.3
1 Yes	10	21.7
Total	46	100

The 1a question in the survey was as follows: Does the resident receive a range of motion services or have a splint device in place? A few residents (6.5%) said yes, 15.2% responded no, and 78.3% of the residents said N/A with receiving range of motion services or had a splint device in place (see Table 16 Receives a Range of Motion Services or Has a Splint Device in Place). A high percentage of residents did not have a contracture. Also, that SH provided the residents with range of motion services or had a splint device, but a high percentage responded N/A with receiving range of motion services or had a splint device in place. SH does not need a range of motion services or a splint device because many residents do not have contractures. Such practice of contractures provided by SH may have assisted the residents in moving their bodies.

**Table 16***Receives a Range of Motion Services or Has a Splint Device in Place*

Resident responses	Frequency	Percent
0 No	7	15.2
1 Yes	3	6.5
2 N/A	36	78.3
Total	46	100

### **Interpretation of Findings**

#### **Client Satisfaction Survey**

The following provides the interpretation of the data.

#### ***Meaning of the Client Satisfaction With Activities Data***

The clients were interested in the activity programs. The clients participated in the activity programs. The clients were satisfied with SH's services of providing activities. The second question was as follows: Does staff provide items so you can do activities on your own, like books or cards? The data showed that staff provided items allowing clients to do activities independently. The clients had high satisfaction with participating in the activities.

#### ***Meaning of the Client Satisfaction With Care Plan Data***

The question in the survey was as follows: Do staff include you in decisions about your medicine, therapy, or other treatments? A high percentage of the clients responded that staff does include them in their decisions about their medicine, therapy, or other

treatments. The staff involved the clients in participating in making decisions using SH services.

### ***Meaning of the Client Satisfaction With Organization Services***

Many clients were satisfied with the staff, including them in decisions about their medicine, therapy, or other treatments. The staff included the clients in making decisions about SH services. The clients had higher satisfaction that correlated with SH services.

### **Employee Satisfaction Survey**

The employee satisfaction survey was about the resident's perception of how the organization rated its services to the residents.

### ***Meaning of the Employee Satisfaction With Side Rails Data***

A high percentage of residents said they used the side rails. A high percentage of residents were physically capable of getting out of bed independently. A high percentage of residents stated that raising rails does not prevent the resident from voluntarily getting out of bed. In conclusion, many residents used the side rails. Many residents do not need side rails because they are physically capable of getting out of bed independently.

Additionally, many residents do not need raising rails because it does not prevent the resident from voluntarily getting out of bed.

### ***Meaning of the Employee Satisfaction With Contractures Data***

A high percentage of residents responded no to having a contracture. A high percentage of the residents said N/A with receiving range of motion services or had a splint device in place. A high percentage of residents did not have a contracture. A high

percentage responded N/A with receiving range of motion services or had a splint device in place.

### **Overall Effectiveness of Services as per Clients**

Effectiveness of services as per clients as evidenced by the survey, the clients expressed high satisfaction with the effectiveness of the services provided by SH. Their perceptions of most were that SH did a great job marrying their services with the client's needs. In addition, the fact that the staff has included them in the decision-making process may underlie the client's perceptions.

### **Overall Effectiveness of Services as per Employees**

The survey of the employees revealed a mixed perception of residents' satisfaction with the provided services. On the one hand, employees believed that the residents were not satisfied with getting out of bed independently. On the other hand, the residents were highly satisfied with the side rails: Does the resident receive a range of motion services or have a splint device in place? However, 15.2% of residents answered no compared to 6.5 % who said yes, while 78.3% did not respond one way or the other. A high percentage of residents responded with not having a contracture. The residents were not satisfied because a high percentage responded no, with receiving range of motion services or having a splint device in place.

### **Unanticipated Limitations or Outcomes**

The unanticipated limitations of this study were that I had a small sample size of client and employee satisfaction surveys. The number of questions in the client satisfaction survey was 44, and 11 employee satisfaction survey questions. There were



few questions on the employee satisfaction surveys, potentially leading to the discovery of unreliable data (Ursachi et al., 2015) stemming from the employee survey.

Additionally, there was no satisfaction category in the employee satisfaction survey. The data would impact the findings by showing limited results from the surveys.

In the meaning of the client satisfaction with activities data, I could not categorically make a one-to-one correlation between those who were satisfied and those who participated in the activities. I needed more insight to establish a direct correlation between the two. A paired samples survey would assist in establishing that relationship. Regarding client satisfaction with organization services data, SH needed to define the data collection methodology. It needed to be more explicit in the datasheet how SH conducted the survey and the selection of the participants at SH. I assumed that a randomized system that removed all biases selected clients.

### **Implications Resulting From Findings**

#### **For the Client Organization**

Holtom et al. (2022) reported the significant development of electronic tools and support for collecting survey data more efficiently and supporting the expectancy of augmented response rates. The implications were to increase the sample size and the response rates of client and employee satisfaction surveys to analyze more survey questions. Additionally, SH needed to administer an assessment to improve the response rates of clients and employees. Holtom et al. stated that survey research should also administer the validity assessment framework to report the response-rate value to suggest a sample's attribute, properness, and representativeness. The validity assessment

framework would significantly improve the responses of the clients and employees from the surveys.

I suggest improving the activities provided to the clients. For example, I wish to explore why the clients were not interested in the activities through a survey for them to complete concerning their interest in participating in the activities. A suggestion is for the directors and the administrators to talk with staff to include more clients in decisions about their medicine, therapy, or other treatments. For example, have a conference meeting with the directors and the administrators. They should include clients in making decisions about their services, improving the retention rate and the number of clients to receive services at SH. I suggest that staff add additional side rails for the residents who cannot get out of bed on their own. I recommend that the directors and the administrators request more side rails. This additional support would increase the number of residents receiving services at SH. The implications resulting from findings at the appropriate level of organizations were as follows. In the employee satisfaction surveys, the frequencies range from 1–46. In the client satisfaction surveys, the frequencies range from 1–45.

### **For Positive Social Change**

Implications for positive social change included when clients and employees received productive services, developed relationships, and positive points of view concerning client treatment and employee engagement. Additionally, clients would progress in their treatment using SH services, and employees would advance at work and by providing services to the clients. Therefore, after I conducted secondary research on the surveys and provided inferential statistics, the potential implications for positive

social change were that the staff in SH might give effective services necessary for their growth. Improved services (i.e., the services within the organization that would teach clients to meet their needs) might assist the clients and employees in being productive members. The implications for positive social change included (a) the clients having a higher level of satisfaction from using SH services, (b) the clients learning life skills and how to live independently by using SH services, and (c) the clients' becoming leaders in their communities and positively impacting people's lives.

The employees benefited from providing beneficial services to clients by making SH more aware of the residents' services. The employees provided SH with the information they knew about the residents, which improved their services. The employees made a positive difference in the residents living at SH by providing them with effective services. The employees' feedback to SH about the services offered to the residents caused the residents to have higher satisfaction with the services. The residents were satisfied that the employees assessed and analyzed the services to provide them with effective services.

### **Recommendations**

The following are my recommendations.

#### **Recommendation 1: Create a Follow Up Survey and Provide Incentives**

I recommend creating a follow up survey in the fall of 2023 for the clients and employees to determine if their overall satisfaction with BHCC services improved based on the survey data presented in this study. It would benefit SH by helping them improve

the services provided to the clients and employees. SH could consider offering incentives to the clients and employees who participate in completing the survey.

**Recommendation 2: Enhance Shared Decision-Making Around Services**

I recommend involving clients and employees in making decisions about SH services, since 20% of the clients were dissatisfied with SH services. Their decisions about the services would improve their interest in the services. This shared decision-making could improve SH activities and services to clients and employees.

**Recommendation 3: Remove Services Seen as Not Beneficial**

SH should remove services that the clients and employees did not participate in because of personal reasons, or that did not interest them. I advise removing the question in the survey about residents that responded to not having a contracture.

**Recommendation 4: Have Monthly Meetings with Clients and Employees**

SH staff should talk to the clients and the employees in the meetings about the services, and thus improving their satisfaction. The client's thoughts were that SH staff provided them with great activities which increased their satisfaction. SH should consider asking clients to complete a follow up survey about their interests and lack of interests in activities and also discuss some key findings in the survey analysis. Discuss could be had about the decisions that the clients made about their medicine, therapy, or other treatments in the survey, and if rails were needed for the residents to use. The employee's thoughts were that the residents were satisfied with raising rails.

### **Strengths and Limitations of the Study**

The strengths of the study were as follows. There were clients and employees from SH who participated in the study. The clients and employees that participated answered the questions in the surveys. The more participants in the study, the better because of more data to be analyzed. Additionally, there were adequate client and employee satisfaction surveys to analyze. I analyzed some categories and questions in the client and employee satisfaction surveys. The surveys provided enough data to analyze from the surveys.

Limitations included the small sample size of 45 client satisfaction surveys and 46 employee satisfaction surveys. In the employee satisfaction surveys, there were 11 employee satisfaction survey questions. There needed to be more information and answers because there were few questions in the employee satisfaction surveys. A lack of satisfaction questions in the employee satisfaction surveys caused a lack of information about employee satisfaction. The employee data could not be verified as reliable using Chronbach's alpha statistic. There was a need for SH to analyze additional client and employee satisfaction surveys that assisted them in assessing and improving their services.

### **Summary**

I analyzed SH client and employee satisfaction surveys to address the project questions. I recorded the data I coded from the client satisfaction and employee satisfaction surveys using SPSS. I analyzed the similarities between client responses and employee responses, then completed the first analysis of the client and then the employee

satisfaction survey. Interpretation of the results stemmed from the univariate descriptive tabulations for the data gathered from the client and employee satisfaction surveys. The unanticipated limitations of this study included a small sample size of client and employee satisfaction surveys and the apparent lack of reliability in the employee survey data. In the employee satisfaction surveys, the frequencies ranged from 1–46. In the client satisfaction surveys, the frequencies ranged from 1–45. The implications that resulted from the findings include increasing the sample size of client and employee satisfaction surveys to analyze more survey questions. Section 5 presents the client deliverables and a project summary.

## Section 5: Dissemination Plan and Conclusion

### **Deliverable to the Client Organization**

The deliverable to the client was a recommendation memo that used descriptive statistics in tables created from the secondary research of client and employee surveys (see Appendix A). According to Tie et al. (2019), memos are the storehouse of thoughts produced and reported through interactions with data. Therefore, memos are reflective interpretive compositions that build an audit that records individuals' thoughts, events, and views in a research process. Memos are detailed documents containing my views, feelings, and intuitive reflections.

### **Plan to Disseminate Findings**

My plans to disseminate this work to SH were as follows:

- I used a recommendation memo to analyze the surveys and the services at SH.
- I analyzed client and employee satisfaction surveys to study secondary data of relationships among variables for SH and provided a recommendation memo to improve services to SH clients and employees.
- I offered my reports, findings, and recommendations to SH.

I explained the importance for the client and employees to know that the services SH provided were adequate and in their best interest. Additionally, it was significant for the clients and employees to understand that SH valued their survey responses to improve services to meet their needs. Out of the 24 variables, I used client and employee satisfaction survey categories. It was essential to analyze the survey categories because of their importance to the clients and employees. I analyzed the satisfaction, activities, and

participation in the care plan from the client satisfaction surveys. I analyzed the side rails and contractures in the employee satisfaction surveys. It was essential to analyze categories because it showed clients' and employees' engagement and satisfaction with the services. The surveys provided data from SH services that assisted SH in assessing their services to clients and employees. SH provided beneficial services to clients and employees because of the use of the surveys.

### **Summary and Conclusions**

My plans to disseminate this work to SH experienced problems in practice I used a recommendation memo that provided my analysis of the surveys and the services at SH. I offered my reports, findings, and recommendations to SH. I explained the importance for the client and employees to know that the services SH provided were adequate and in their best interest. I analyzed the categories to identify clients' and employees' engagement and satisfaction with the services. It assisted SH in knowing the services that had strengths and needed areas of improvement from the client and employee satisfaction surveys.

In conclusion, the clients enjoyed participating in the activities at SH. Most of the clients thought that SH staff did a great job providing items so that the clients can do activities independently. The clients had a higher interest in the services because of their participation. The clients enjoyed staff involving them in making decisions about the services, which made them more interested in participating in the services.



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## Appendix A: Recommendation Memo for the Client Organization

**MEMORANDUM**

**To:** Director of Social Services  
Director of Quality and Regulatory Affairs  
Director of Human Resources

**From:** Jennifer Derisse, Walden University Doctoral Candidate

**Date:** 2/7/23

**Subject:** Recommendation Memo to (SH)

The purpose for this professional administrative study was to understand the perceptions of clients and staff as found in previously unanalyzed surveys concerning the effectiveness of services for drug users with HIV/AIDS at the Sunshine House (SH). This recommendation memo provides a summary of the results of my research study, *An Analysis of Client and Employee Satisfaction Surveys for a Public Organization*, with recommendations. It examines 45 client satisfaction surveys implemented on July 12, 2019, and 46 employee satisfaction surveys implemented on June 17, 2019 concerning the clients' and employees' satisfaction with the Sunshine House (SH) services. I used quantitative secondary research of the surveys to provide data analysis through descriptive statistics.

**Executive Summary**

The research findings are from the five categories of the surveys:

- 1) Seventy-five percent (75.6%) of the clients were satisfied with their participation in the activities
- 2) Eighty-four percent (84.4%) said that staff involved them in making decisions about their treatment
- 3) Eighty percent (80%) of clients were happy with the overall organization services
- 4) Ninety-eight percent (97.8%) used the side rails and seventy-four percent (73.98%) were capable of getting out of bed independently
- 5) Seventy-eight percent (78.3%) did not have a contracture

My recommendations to the Sunshine House (SH) are as follows:

- 1) Create follow up survey with incentives to the clients and employees
- 2) Enhance shared decision-making between clients and employees can enhance its activities and further services
- 3) Remove services that the clients and employees are not using
- 4) Have monthly meetings to talk with the clients and the employees

## Summary of Findings

The Sunshine House (SH) asked clients who attended treatment, and employees who worked at the Sunshine House (SH) to complete the survey in the summer of 2019. Forty-six employees completed satisfaction surveys, and forty-five residents completed satisfaction surveys. I analyzed the surveys using quantitative data analysis through descriptive statistics.

### Client Satisfaction

Clients expressed high satisfaction with the effectiveness of the services provided by the Sunshine House (SH). Their perceptions were that the Sunshine House (SH) did a great job marrying their services with their needs. The fact that the staff has included them in the decision-making process may underlie the client's perceptions. I specifically analyzed the following three categories from the client satisfaction survey: (a) client satisfaction with the activities, (b) client satisfaction concerning participation in the care plan, and (c) client satisfaction with the overall organization.

#### *Client Satisfaction with Activities*

The first question was: *Do you participate in the activity programs here? If no, why do you not participate.* Some clients (2, 4.4%) reported not participating in the activity programs, while 34 (75.6%) said they did. However, 9 (20%) of the clients responded with *not applicable* (Table 6 Client Participation in Activities (Raw Data)). The 1a question was *Do the activities meet your interests?* Seven (15.6%) clients said the activities did not meet their interests, while 64.4% stated they did (Table 7 Activities Interests). This high percentage of satisfied clients indicated that they were happy with the rate at which the Sunshine House (SH) provided the activities. The 1b question was *Are the activities provided as often as you would like, including on weekends and evenings?* Seven (15.6%) clients answered no, 29 (64.4%) clients answered yes, and nine (20.0%) said N/A about the activities provided as often as the client would like (Table 8 Activities Provided as Often as Would Like). Even though they had a busy schedule, they participated on weekends and evenings. The second question was *Does staff provide items so you can do activities on your own, like books or cards?* Four (8.9%) answered no, 34 (75.6%) answered yes, and seven (15.6%) answered N/A (Table 9 Staff Provide Items Activities on Your).

The clients were interested in the activity programs. The clients participated in the activity programs. The clients were satisfied with the Sunshine House (SH)'s services of providing activities. The data showed that staff provided items allowing clients to do activities independently. The clients had high satisfaction with participating in the activities.

#### *Client Satisfaction With Care Plan*

The question in the survey was *Do staff include you in decisions about your medicine, therapy, or other treatments?* Three (6.7%) clients answered no, 38 (84.4%) clients



responded yes, and four (8.9%) clients answered N/A (Table 10 Staff Include in Decisions). A high percentage of the clients responded that staff does include them in their decisions about their medicine, therapy, or other treatments. The staff also involved the clients in participating in making decisions.

### ***Client Satisfaction With Overall Organization Services***

80% of the clients who were satisfied with the services indicate that the Sunshine House (SH) was doing a great job meeting the client's needs while 20% were dissatisfied (Table 11 Client Satisfaction With Organization Services Data).

### **Employee Satisfaction**

There was a mixed perception of employee satisfaction with the services. Employees believed that the residents were not satisfied with getting out of bed independently while the residents were highly satisfied with the side rails. The employee satisfaction survey was about the resident's perception of the organization's services to the residents. I analyzed two categories from the employee satisfaction survey: (a) side rails and (b) contractures.

### ***Employee Satisfaction With Side Rails Findings***

The 1a question in the survey was, Is the resident physically capable of getting out of bed on his or her own? The 1b question was When the rails are raised, do they prevent the resident from voluntarily getting out of bed? Forty-five residents (97.8%) said they used the side rails (including half or quarter rails), while one (2.2%) stated that they did not (Table 12 Resident Physically Capable of Getting of Bed on Own). Most of the residents (73.98%) were physically capable of getting out of bed independently (Table 13 Used Side Rails). A few (2.2%) did not apply to the residents who were physically capable of getting out of bed independently. Most residents (73.9%) stated that raising rails does not prevent the resident from voluntarily getting out of bed (Table 14 Capable of Getting of Bed Independently).

A high percentage said they used the side rails and that residents were physically capable of getting out of bed independently. A high percentage stated that raising rails does not prevent the resident from voluntarily getting out of bed.

### ***Employee Satisfaction With Contractures Findings***

The company conducted a survey on contractures, defined as a condition of fixed high resistance to passive stretch of a muscle. The first question in the survey was *Does the resident have a contracture?* There was one follow-up question asked regardless of employees' responses. First, 2e: *Does the resident receive a range of motion services or have a splint device in place?* A total of 46 residents participated in the survey. Ten (21.7%) residents responded yes to having a contracture, while 36 (78.3%) residents responded no (Table 15 the Resident a Contracture). A high percentage of residents did not have a contracture. A high percentage responded N/A with receiving range of motion

services or had a splint device in place (Table 16 Receives a Range of Motion Services or Has a Splint Device in Place).

## **Recommendations**

The following are my recommendations as a result of the study:

### ***Recommendation 1: Create a Follow Up Survey and Provide Incentives***

I recommend creating a follow up survey in the fall of 2023 for the clients and employees to determine if their overall satisfaction with the Sunshine House (SH) services improved from the former survey. It would benefit the Sunshine House (SH) by helping them improve the services provided to the clients and employees. The Sunshine House (SH) could consider offering incentives to the clients and employees who participate in completing the survey.

### ***Recommendation 2: Enhance Shared Decision-making Around Services***

I recommend to involve clients and employees in making decisions about the Sunshine House (SH) services, since 20% of the clients were dissatisfied with the Sunshine House (SH) services. Their decisions about the services would improve their interest in the services. This shared decision-making could improve the Sunshine House (SH) activities and services to clients and employees.

### ***Recommendation 3: Remove Services Seen as not Beneficial***

The Sunshine House (SH) should remove services that the clients and employees did not participate in because of personal reasons, or that did not interest them and meet their needs. I advise to remove the question in the survey about residents that responded to not having a contracture.

### ***Recommendation 4: Have Monthly Meetings with Clients and Employees***

The Sunshine House (SH) staff should talk to the clients and the employees in the meetings about the services, and thus improving their satisfaction. The client's thoughts were that the Sunshine House (SH) staff provided them with great activities which increased their satisfaction. The Sunshine House (SH) should consider asking clients to complete a follow up survey about their interests and lack of interests in activities and also discuss some of the key findings in the survey analysis. Discuss could be had about the decisions that the clients made about their medicine, therapy, or other treatments in the survey, and if rails were needed for the residents to use. The employee's thoughts of the residents were that the residents were satisfied with raising rails.

## **Conclusion**

The clients' enjoyed participating in the activities at the Sunshine House (SH). Many of the clients reported that the staff provided items so the client could do activities on their own. Most of the clients thought that the Sunshine House (SH) staff did a great job providing items so that the clients can do activities independently. The clients had a higher interest in the services because of their participation. The Sunshine House (SH) will be able to provide effective services to the clients because of client participation in telling staff their decisions about the services. Most of the residents enjoyed using the side rails. Many residents were able to get out of bed independently. Many residents do

not need raising rails. The residents were satisfied that the Sunshine House (SH) provided side rails and raising rails. Many of the residents were healthy to function.

The staff did a great job including the clients to participate in their treatment by letting the clients make decisions about their medicine, therapy, or other treatments. The clients enjoyed staff involving them in making decisions about the services which made them more interested in participating in the services. The clients' thought that the Sunshine House (SH) did a great job in including them in making decisions about their services.

I invite the recipients of this recommendation memo to additionally talk about implementing the recommendations. Please contact me by phone or by email.

## Appendix B: Signed Participation Agreement With Client Organization

### Project Proposal

This Project Proposal has been drafted by [Jennifer Derisse] for [the Sunshine House [SH]] and is dated [8/9/19].

#### Scope of Work

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Work Phase	Estimated Time Required
<p style="text-align: center;">Describe internship expectations and outcomes/deliverables]</p> <p>interactions: Staff, Residents, and Department Heads.</p>	4 months
<p>Outcomes/Deliverables: Identifying areas and services which might enhance those existing currently within the facility.</p>	4 months
<p>Additional Services Provided if Requested: Assisting with group sessions, resident counseling, data gathering, interpretation, participate in their Quality Assurance and performance improvement meetings.</p>	4 months
<p>Total</p>	1 year
<p>Services Summary: Gather data, analyze data, do a survey, and present final summary to the facility.</p>	Estimated Length of Engagement

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1 year (9/19–9/20)

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Terms of confidentiality and compliance:

In all reports (including drafts shared with peers and faculty members), the student is required to maintain confidentiality by removing names and key pieces of information that might disclose an

Institution's/individual's identity or inappropriately divulge proprietary details. If the Institution itself wishes to publicize the findings of this project, that is the Institution's judgment call.

The student will publish the case study in Proquest as a doctoral capstone (with site and participant identifiers withheld). The case study will be based upon interviews with nonvulnerable adults on the topic of the Institution's business operations, review of public records, and review of internal records/documents related to the Institution's operations that the Institution deems appropriate for sharing with the student. The doctoral student will not use these data for any purpose other than the project outlined in this agreement.

Interview recordings and full transcripts will be shared with any interviewee (upon request), and the doctoral student will provide opportunities for clarifying previous statements. Transcripts with identifiers redacted may be shared with the doctoral student's university faculty, peer advisors, and site leadership (upon request).

The doctoral student is responsible for understanding and complying with all the Institution's policies and regulatory requirements.

#### Ethical Conduct in this Consulting Relationship

The Code of Conduct in the Walden University 2016-2017 Student Handbook and the ethical requirements for IRB compliance.

Also, students are required to uphold professional principles in fulfilling their roles as consultants and coaches to client organizations. Beyond the confidentiality requirements outlined above, three principles are key to ensuring ethical conduct in consulting relationships.

#### Principle 1: Protect the integrity of Walden University

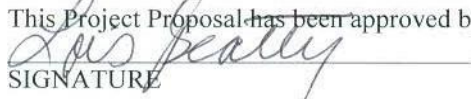
- Not representing conflicting or competing interests or positioning themselves such that their interest may be in conflict or may be perceived to be in conflict with the purposes and values of Walden University
- Not intentionally communicating false or misleading information that may compromise the integrity of Walden University and of the consulting capstone experience

#### Principle 2: Exhibit professional conduct at all times

- Respecting the climate, culture, values, and regulatory requirements of client organizations and client workforce members

#### Principle 3: Protect the promise of confidentiality

- Not using or adapting client organization's data and information after the capstone experience, unless the information has been publicly shared by the client
- Not conducting telephone conferences with the client organization in public places where information may be overheard

This Project Proposal has been approved by  
  
SIGNATURE